

Case Number:	CM14-0136881		
Date Assigned:	09/05/2014	Date of Injury:	02/24/2010
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 24, 2010. In a Utilization Review Report dated July 20, 2014, the claims administrator denied a request for a traction device, seemingly citing non-MTUS Third Edition ACOEM Guidelines. Per the claims administrator, the traction device was endorsed via a handwritten request for authorization form dated July 9, 2014. The applicant's attorney subsequently appealed. In a handwritten note dated February 26, 2014, the applicant presented with multifocal neck, shoulder, elbow, wrist, hip, and ankle pain, apparently attributed to cumulative trauma at work. The applicant was asked to stop chiropractic manipulative therapy. Regular duty work was endorsed. It was suggested that the applicant was working at a new job. Acupuncture was endorsed. The traction device was endorsed via a handwritten request for authorization form dated July 9, 2014. The applicant represented with ongoing complaints of neck and low back pain. A cervical traction device was apparently endorsed for purchase purposes.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DME Cervical Traction Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181,Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, traction, the modality at issue here, is deemed "not recommended." It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that passive modalities such as traction be employed "sparingly" during the chronic pain phase of a claim, to facilitate active treatments. Provision of the device in question for home use/purchase purposes, thus, would run counter to MTUS principles and parameters. Therefore, the request is not medically necessary.